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FIFTH YEAR — No. 52

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GENEVA

INTERNATIONAL COMMITTEE OF THE RED CROSS

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INTERNATIONAL COMMITTEE OF THE RED CROSS

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- PAUL RUEGGER, former Swiss Minister to Italy and the United Kingdom, Member of the Permanent Court of Arbitration (1948)
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- MARGUERITE VAN BERCHEM, former Head of Section, Central Prisoners of War Agency (1951)
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- ADOLPHE FRANCESCHETTI, Doctor of Medicine, Professor of clinical ophthalmology at Geneva University (1958)
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FRENCH EDITION OF THE REVIEW

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions

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SUPPLEMENTS TO THE REVIEW

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SPANISH

Una jornada en el hospital de Uqd ; (*E. Darbre*). — Un concurso sobre los Convenios de Ginebra.

GERMAN

Ein Tag im Feldlazaret Uqd ; (*E. Darbre*). — Afrika: Ein weites Tätigkeitsfeld für das Rote Kreuz (*M. Gazay*).

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RESERVATIONS TO THE 1949 GENEVA CONVENTIONS ¹

by C. Pilloud

By July 31, 1957, sixty-six States were bound to the Geneva Conventions, either by ratification or accession. From that date to May 31, 1965, a further 40 States ² acceded to these Conventions, bringing the total to 106. Several of the newly independent States confirmed their participation by delivering to the Custodian Government—the Swiss Federal Council—a declaration of continuity, that is to say, a document in which they confirmed that from the date of their independence they were committed by the ratification signed by the Powers to which they had succeeded.

Of these 40 States, five made or confirmed reservations upon ratification or accession, namely: Democratic People's Republic of Korea, United Kingdom, Australia, New Zealand and Portugal.

Upon accession on August 27, 1957, the *Democratic People's Republic of Korea* made a series of reservations similar to those laid down by the USSR and a number of other countries. The first of the series referred to Article 10 of the First, Second and Third Conventions and Article 11 of the Fourth, dealing with the appointment of a substitute for the Protecting Power. The Government of the Democratic People's Republic of Korea does not admit the legality of a Detaining Power's request to a neutral State or humanitarian organization to assume the duties of a Protecting

¹ For the situation obtaining on July 31, 1957, see "Reservations to the 1949 Geneva Conventions" by the same author originally published in French in the August 1957 issue of *Revue internationale de la Croix-Rouge*, and in English in the June, July and September 1958 supplements.

² In chronological order: Democratic People's Republic of Korea, Great Britain, Sudan, Dominican Republic, Ghana, Indonesia, Australia, Cambodia, Mongolian People's Republic, Ceylon, New Zealand, Republic of Algeria, Republic of the Congo (Leopoldville), Portugal, Nigeria, Paraguay, Upper Volta, Colombia, Ivory Coast, Dahomey, Togo, Cyprus, Federation of Malaysia, Ireland, Islamic Republic of Mauritania, Tanganyika, Senegal, Trinidad and Tobago, Kingdom of Saudi Arabia, Somalia, Madagascar, Federal Republic of Cameroon, Kingdom of Nepal, Republic of Niger, Rwanda, Uganda, Jamaica, Republic of Gabon, Canada, Mali.

RESERVATIONS TO THE 1949 GENEVA CONVENTIONS

Power on behalf of detained persons protected by these Conventions, unless the agreement of the State to which those persons belong is obtained.

As we pointed out in our 1957 study, neutral States and humanitarian organizations called upon to act as a Protecting Power would be well advised to obtain the approval of the protected person's own Government whenever possible, if it exists.

The second reservation concerns Article 12 of the Third Convention and Article 45 of the Fourth, dealing with the Detaining Power's responsibility in the event of a transfer of POW's or civilian detainees to another Power bound by the Geneva Conventions. According to this reservation the Power making the transfer should remain responsible for application of the Conventions even after the transfer. As mentioned in our previous article, this is more in the nature of a unilateral declaration than of a reservation, as its purpose is to increase the obligations incumbent on member States beyond those provided for in the Conventions.

Finally, the Democratic People's Republic of Korea does not consider itself bound by Article 85 of the Third Convention as regards the treatment of prisoners of war who have been convicted of war crimes or crimes against humanity under the Detaining Power's national law based on principles developed by the Nuremberg and Tokyo international military courts. Our earlier article dealt at length with the interpretation and consequences of this reservation.

The *United Kingdom, Australia and New Zealand*, upon acceding to the Conventions confirmed the reservation they had previously laid down on signing, that is to say, the right to apply the death penalty pursuant to the second paragraph of Article 68 of the Fourth Convention irrespective of whether the offences specified therein were or were not punishable by death under the law of an occupied territory before the occupation began. Pakistan, the U.S.A., and the Netherlands have qualified their accession with the same reservation³.

In addition, *Australia* has specified that it interprets "military installations of the Occupying Power", used in the second paragraph

³ For scope and consequences see previous study of 1957 and 1958.

of Article 68, to mean "installations of *essential* military interest to the Occupying Power".

New Zealand, upon ratification, waived the reservation, made when signing, in respect of the first paragraph of Article 70 of the Fourth Convention ⁴.

When *Portugal* deposited its instrument of ratification, that country's representative declared that:

... the Portuguese Government has decided to withdraw the reservations it had made on signature in respect of Article 3, common to all the four Conventions, Article 13 of the First, and Articles 4 and 60 of the Third.

On the other hand, the Portuguese Government only accepts Articles 10 of Conventions I, II, III and Article 11 of Convention IV with the reservation that requests by the Detaining Power to a neutral State or to a humanitarian organization to undertake the functions normally performed by Protecting Powers are made with the consent or agreement of the governments of the country of which the persons to be protected are nationals (countries of origin).

This reservation is the same as that expressed by the Democratic People's Republic of Korea and we have already seen in what light it should be considered.

When *Canada* ratified the Conventions on May 12, 1965, it withdrew the reservation it had made on signing in 1949 with respect to the second paragraph of Article 68 of the Fourth Convention. Canada therefore acceded to the 1949 Geneva Conventions without any reservation, for which it is to be congratulated.

* * *

Fortunately the reservations which have been made to the Geneva Conventions are few and of relatively minor importance. None of them jeopardize the regular application of the Conventions. As we have seen, some have been withdrawn on ratification.

Of the 66 States parties to the Conventions in 1957, 18 had qualified their participation by reservations; by May 31, 1965, only

⁴ See our previous study.

RESERVATIONS TO THE 1949 GENEVA CONVENTIONS

23 States out of a total of 106 had stipulated reservations; a very small minority.

* * *

With regard to the attitude adopted by States parties to the Conventions in respect of reservations made by other States, it will be recalled that the United States, upon ratification, made the following statement, *mutatis mutandis*, in the case of each Convention:

Rejecting the reservations—other than to Article 68, paragraph 2—which States have made with respect to the Geneva Convention relative of the Protection of Civilian Persons in Time of War, the United States accepts treaty relations with all parties to that Convention, except as to the changes proposed by such reservations.

In our previous study we came to the conclusion that the position adopted by the U.S.A. with regard to the reservations of the others States Parties to the Conventions was no different from that adopted by States which had quite simply made no statement concerning these reservations.

The interesting discussions which have taken place since 1957, on reservations to multi-lateral treaties, notably at meetings of the U.N. International Law Commission, confirm this conclusion and go even further. Particularly worthy of note is the report of the U.S. Senatorial Committee on Foreign Relations which examined the Geneva Conventions and originated the statement quoted above. According to this report:

... the Committee concurs with the conclusion of the executive branch that the most satisfactory means of dealing with these reservations is to make it clear that the United States does not accept them, but proposes to enter into treaty relations with the Soviet bloc countries with respect to the remaining, unreserved parts of the Conventions. If, in the event of armed conflict, any of those countries were to exploit reservations in an unwarranted manner so as to nullify the broad purposes of the Conventions, such action would, of course, alter the legal situation for the United States; and this Government would be free to reconsider its position. It is hoped that the members of the Soviet bloc may one day find it possible to withdraw their reservations, or will at least construe and apply them in a manner compatible with their legal and humanitarian obligations. In the meantime,

RESERVATIONS TO THE 1949 GENEVA CONVENTIONS

by having treaty relations the United States has obtained agreement to the best standards of treatment and is in the soundest position to protect our nationals.⁵

After drawing up the text of the statement, the Committee continued:

It is the Committee's view that this statement adequately expresses the intention of our Government to enter into treaty relations with the reserving States so that they will be bound toward the United States to carry out reciprocally all the provisions of the Conventions on which no reservations were specifically made.⁶

In his comments on the attitude adopted by the U.S. Government, Professor R. R. Baxter gave an apt definition:

In effect, this statement constitutes a proposal to agree to disagree...⁷

Professor Baxter believes this attitude is in line with the views of the International Court of Justice on reservations to the Convention on Genocide and he quotes the following passage from an advisory opinion given by the Court:

It may be that the State, whilst not claiming that a reservation is incompatible with the object and purpose of the Convention, will nevertheless object to it, but that an understanding between that State and the reserving State will have the effect that the Convention will enter into force between them, except for the clauses affected by the reservation.

The position of the United States with respect to the Geneva Conventions and the reservations made by other States is therefore quite clear. Whilst recording disapproval of reservations other than those which it has itself made, the United States is treaty bound with reserving States except for the clauses affected by reservations. Consequently, as mentioned above, the U.S. standpoint is no different from that of other States which have made no statement on explicit reservations.

Our reason for having examined the import of the U.S. Government's statement at length is that it is similar to those subsequently made by the Governments of the United Kingdom, Australia and New Zealand upon ratification. These were of identical tenor and we quote hereunder the British version:

⁵ Geneva Conventions for the protection of war victims. Report of the Committee on Foreign Relations: 48th Congress, 1st Session, Washington, 1955, p. 29.

⁶ Ibid.

⁷ *American Journal of International Law*, 1955, p. 552.

RESERVATIONS TO THE 1949 GENEVA CONVENTIONS

I am further instructed by Her Majesty's Government in the United Kingdom to refer to the reservations made to Article 85 of the Convention relative to the Treatment of Prisoners of War by the following States:

the People's Republic of Albania, the Byelorussian Soviet Socialist Republic, the Bulgarian People's Republic, the People's Republic of China, the Czechoslovak Republic, the Hungarian People's Republic, the Polish Republic, the Rumanian People's Republic, the Ukrainian Soviet Socialist Republic, the Union of Soviet Socialist Republics,

and to the reservations to Article 12 of the Convention relative to the Treatment of Prisoners of War and to Article 45 of the Convention relative to the Treatment of Civilian Persons in Time of War made by all the above-mentioned States and by the Federal People's Republic of Yugoslavia.

I am instructed by Her Majesty's Government to state that whilst they regard all the above-mentioned States as being parties to the above-mentioned Conventions, they do not regard the above-mentioned reservations thereto made by those States as valid, and will therefore regard any application of any of those reservations as constituting a breach of the Convention to which the reservation relates.

New Zealand and Australia did not mention the People's Republic of China, but the Australian declaration had the following additional paragraph:

I am further instructed by the Government of the Commonwealth of Australia to refer to notifications concerning the "German Democratic Republic", the "Democratic People's Republic of Korea", the "Democratic Republic of Viet-Nam", and the "People's Republic of China". While the Government of the Commonwealth of Australia does not recognize any of the foregoing, it has taken note of their acceptance of the provisions of the Conventions and their intention to apply them. The position of the Government of the Commonwealth of Australia towards the reservations referred to above applies equally in relation to the similar reservations attached to such acceptance.

A subsequent exchange of notes on these statements, through the intermediary of the custodian government, took place between the USSR and other countries which contested their validity, on the one hand, and the Governments of the United Kingdom, Australia and New Zealand on the other hand, without any completely clear conclusion being arrived at. Both sides advanced the advisory opinion of the International Court of Justice as justification for their standpoint.

In the absence of definitive rules and widely accepted practice, it is difficult to give any opinion on the basic issue raised by these three statements. However, it can be said that they affect only Article 85 of the Convention relative to the treatment of prisoners of war: in fact, the only genuine reservation made is the one applying to this article.⁸

On the other hand, the effect of reservations made in respect of Article 12 of the Third Convention and Article 45 of the Fourth is not to exclude or modify the obligations incumbent on the reserving States, but to increase those incumbent on other States. In effect, the reserving States postulate that States transferring prisoners of war or civilians to some other Power remain responsible for the treatment of those persons, whereas the Conventions do not make any such provision.

As can be seen, the effect of these three statements is restricted; they only affect treatment of prisoners of war who, after trial, have been convicted for war crimes or crimes against humanity under the national law of the Detaining Power.

The standpoint of the United Kingdom, Australian and New Zealand Governments on this matter seems at first sight to be a new departure from all previously acceptable or defensible theories. The International Court of Justice, followed by the U.N. General Assembly, broke new ground by establishing the postulate of a reservation's compatibility with a treaty and its aims. This was also the direction in which the International Law Commission's work has been proceeding. Its work, moreover, has not yet been completed. The Organization of American States goes even further;

⁸ "A reservation means a unilateral statement made by a State whereby it purports to exclude or vary the legal effect of some provision of the treaty in its application to that State". International Law Commission; 1962 Report, Treaty Law, Art. 1.

it admits that an objection to a reservation—even to one which is incompatible with a treaty and its aims—is effective only between the reserving and objecting States. The United States statement considered above implies the concept that a State's opposition to another's reservation may not vitiate a treaty between them except in respect of such clauses as are affected by the reservation. Further, according to the British view, a State may consider as nul and void a reservation to which it objects, and propose application of the whole treaty.

As can be seen, in theory the situation is by no means straightforward, particularly as the United Kingdom, Australia and New Zealand themselves made reservations upon ratification. In spite of these varying points of view, there is no doubt that all States which have ratified or acceded to the Geneva Conventions are bound by them and must implement them in contingencies for which they make provision. This is a positive attribute which can rightly be welcomed with great satisfaction.

Nevertheless, the case in point shows how useful it would be to have exact rules or at least some guiding lines. The United Nations International Law Commission has included treaty law on its agenda and almost the whole of its last sessions was devoted to that subject. The procedure to be observed in case of reservations to multilateral agreements was studied at length and draft rules were framed. It is to be hoped that this important work will soon be completed and that the outcome will be received favourably by governments.

CLAUDE PILLOUD

Deputy Director for General
Affairs of the ICRC

INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

Santo Domingo

The delegation of the International Committee of the Red Cross brought its aid to civilian and political prisoners.

One of the ICRC representatives in Santo Domingo, Mr. Pierre Jequier, general delegate for Latin America, visited prisons of the "Constitutional Government" presided over by Colonel Francisco Caamano Deno and of the "Government of National Reconstruction" of General Antonio Imbert. There were no restrictions placed by either on visits.

On the Constitutionalist side, the ICRC delegate, accompanied by the President of the Women's Committee of the Dominican Red Cross, went on May 24 to the Palace of Justice, partially transformed into a place of detention, in which 15 officers and 3 non-commissioned officers of the National Police were interned.

He also visited the Salome Urena School, where the children had been replaced by 125 soldiers of the National Police. The detainees all receive news and are visited by their families.

In the districts of the town under the control of the Government of National Reconstruction, Mr. Jequier visited National Police Headquarters, where, in addition to the administrative services of that body there is a prison. The ICRC delegate requested that the 200 men detained there should be given regular permission to go out in groups in the yard.

In another place of detention, the penitentiary of La Victoria, police and the armed forces of the National Reconstruction Government have interned suspects arrested during the street fighting

which took place in the industrial quarter of the northern part of the town. General Imbert's forces having now occupied the whole of this area, separated from the southern districts by the neutral corridor held by the U.S. army, rigorous controls have been imposed on the population and most of the men were subjected to identity checks. As a result of these police operations, the penitentiary now holds 2,082 men and 25 women considered to be political prisoners. The ICRC delegate brought the attention of the Co-ordinating Commission of the OAS, which included all institutions and the Ministry of Health, to the prisoners' conditions, in order to obtain the necessary assistance in food and medicaments for them.

On completing these visits, Mr. Jequier at once made representations with the two governments concerned for detention conditions to be improved. These left much to be desired, especially at the overcrowded penitentiary of La Victoria.

As a result of representations made by the ICRC delegation, the cells of the Victoria were less full, numbers still remaining too high (800), in spite of the daily release of 60 to 80 persons by the Purging Commission. This number of detainees remaining constant can be explained by the fact that the police continues to make further arrests and that persons held at the Palace of Justice are transferred to La Victoria whenever shortage of space demands it.

Mr. Serge Nessi, assistant delegate of the ICRC, insisted on their being given more hygiene and medical facilities.

Mr. Jequier also visited the military camp of San Isidro, 12 miles from the capital. The prisoners, some fifty soldiers and forty civilians are held there by air force troops allied to General Imbert.

The ICRC delegate also visited not far from there a camp situated in a property called Hainamosa. The internees, all civilians, are released at intervals after examination of each particular case.

Mr. Jequier then went to the camp of San Francisco de Macoris and to Santiago. He continued to be given all the necessary facilities for his activity on behalf of the victims of the events.

Mr. Nessi visited the American camp at a place called Sans Souci, where 154 civilians and 12 military were interned. They were under canvas and could move freely inside the camp. They corresponded and received mail and visits were allowed three times a week. These internees have since been released.

The ICRC delegation, it should be pointed out, has warned the Dominican public and the forces opposed to each other against misuse of the red cross emblem. At its request, the national broadcasting station also warned listeners that all such misuse would be punished.

ICRC President in the Far East and Central America

Thailand. — Mr. Samuel A. Gonard, President of the International Committee of the Red Cross, continued his Asian voyage accompanied by Mr. A. Durand, general delegate for Asia, and Mr. J.-P. Maunoir, head of the ICRC Far East Section in Geneva. The party, after leaving India, went to Thailand. It was joined by Mr. W. A. Trueb, delegate in Bangkok, and visited the various departments of the Thai Red Cross, accompanied by the National Society's Vice-President, Phra Tiranasarvisavakarm.

The ICRC President visited the Chulalongkorn Hospital, the institution for the preparation of snake poison sera and the serpentarium which is directed and administered by the National Red Cross Society.

The delegation of the International Committee was received by Marshal Thanom Kittikachorn, Prime Minister, and the ICRC President and delegates were invited to lunch by Their Majesties King Phumiphol, Patron, and Queen Sirikit, President of the Thai Red Cross. The King himself made a point of showing the model village, in which he is personally interested, for research into ways and means of improving social and economic conditions for the Thai rural population, fishing communities and craftsmen.

*

Philippines. — The ICRC President and delegates then proceeded to the Philippines, where they were welcomed by Mr. A. Abello and by Dr. T. Calasanz, respectively President and Secretary-General of the Philippine Red Cross, together with their senior staff and the ICRC delegate in Manila, Mr. J. W. Mittner.

The ICRC President visited the headquarters of the National Society in Manila and also went to several local sections where he

attended demonstrations of Red Cross activities, notably the collection of blood. He also took the opportunity to congratulate the nurses who had just been awarded the Florence Nightingale Medal. The President of the International Committee, at various meetings, and also on the radio, gave talks on the ICRC's activities in disturbed areas and on its efforts for the promotion of international humanitarian law. He had a discussion with the Vice-President of the Philippines, Mr. E. Pelaez, the Minister for Foreign Affairs, Mr. M. Mendez, Commander-in-Chief of the armed forces, General Santos, and with General Romulo, Rector of the Philippines University and former President of the United Nations General Assembly. He also met Dr. Dy, Assistant Regional Director of the World Health Organization, Western Pacific region ; he visited the regional headquarters of the WHO with which the International Committee maintains the best of connections throughout the world.

The ICRC delegation, which left Manila on May 22 for Japan, was received both in Thailand and in the Philippines in the most cordial manner. The National Societies' leaders spared no pains to show their visitors as much as possible of the various local activities and clearly displayed their zeal to co-operate with the ICRC in the humanitarian work of the Red Cross. These numerous contacts served to strengthen bonds of long standing and provided opportunities for very useful discussions on the work of National Societies and of the International Committee.

*

Japan. — The President of the ICRC stayed one week in Japan with Mr. Durand, general delegate for Asia, and Mr. Maunoir from headquarters in Geneva. He was accompanied by Mr. Angst and Mr. Testuz, ICRC delegates in Japan.

Mr. Gonard visited the head office of the Japanese Red Cross in Tokyo. He was present on the departure at the port of Niigata of 200 Koreans repatriated at their own request by the Japanese Red Cross with the help of the ICRC. He then went with the delegation to Hiroshima, where he visited the Red Cross hospital in which more than a hundred persons are still being treated for the after-effects of the first atomic explosion in 1945. He placed a wreath at

the foot of monuments erected in memory of the inhabitants and of the members of the Japanese Red Cross missing during the course of that tragic day. He then saw provincial branches of the Red Cross at Hiroshima, Kyoto and Nava.

The President and Mrs. Gonard were received in audience by Their Imperial Majesties the Emperor and Empress. Subsequently, Mr. Gonard had talks with the Prime Minister, the Minister of Foreign Affairs and the Minister of Health. He also had an interview with the President of the Supreme Court of Japan, with whom he discussed the teaching and dissemination of the Geneva Conventions.

*

Korea. — The President and the delegation then spent several days in the Republic of Korea. After having met leading members of the Red Cross of the Republic of Korea at its headquarters in Seoul, they visited, near Inchon, a sanatorium for tubercular cases who are treated by up-to date methods. They then visited one of the hospitals in Seoul. Both these establishments are entirely run by the Red Cross. Medical and nursing personnel is also Red Cross, as are the female volunteers and members of the Junior Red Cross assisting it. Mr. Gonard and the delegates had talks with the Prime Minister, the Vice-Minister of Foreign Affairs, the Mayor of Seoul and they were also received by the President of the Republic, Pak Chong Hi. They took the opportunity of expressing the ICRC's point of view as regards accession to the Geneva Conventions of 1949 and their dissemination. Taking part in the ceremony of the Korea Association of International Law, Mr. Gonard gave an account of present tendencies in the evolution and development of humanitarian international law, a subject which will be one of the principal themes of the forthcoming International Conference of the Red Cross which will be held in Vienna this autumn.

*

Mexico. — The President of the ICRC, Mr. Samuel A. Gonard, accompanied by Mr. Pierre Jequier, general delegate for Latin America, stayed several days in Mexico. He visited the organiza-

tions of the Mexican Red Cross in the capital and in Guadalajara. Mr. Gonard and Mr. Jequier were warmly welcome by leading members of the Mexican Red Cross, with whom they had some useful talks, as well as with several members of the government. They were also received by the President of the Mexican Republic, Mr. Gustavo Diaz-Ordaz.

The President of the ICRC observed that under the impulse of the Board of Directors and especially of the National President, Mr. D. José Barroso Chavez, the Mexican Red Cross is most active in many different fields. It is in the process of building a new, large and modern hospital in Mexico City. It is also attempting to have the Geneva Conventions better known and benefits in this respect from effective support from the authorities.

Viet Nam

On April 28, four Japanese nationals, delegates on the UN Economic Commission for Asia and the Far East, were captured by guerilla forces in South Viet Nam.

At the request of the Japanese Red Cross, the ICRC succeeded in obtaining the exchange of correspondence between the prisoners and their families, whilst it also took steps with a view to their being released. This has been accorded and they have now been set at liberty.

Yemen

Ughd Hospital. — Although the International Committee of the Red Cross has in the past few months been able to make slight reductions in personnel working in the field hospital at Ughd in North Yemen, which has resulted in a little less medical activity, the number of patients still remains considerable. If, during the first months, the number of persons hospitalized sometimes exceeded one hundred, even to reach a maximum of 130, it stands at present at about 70, amongst whom are still included the direct victims of military operations.



Freetown. — The general delegate of the ICRC for Africa presenting a Land Rover, gift of the Empress Shōken Fund, to the leading members of the Sierra Leone Red Cross.

South Yemen. — Distribution of relief to refugees by the ICRC delegation.



We have already published some figures on the ICRC's medical action in North Yemen¹. We would mention that mobile medical teams leaving Uqhd gave 10,200 consultations to about 5,600 persons. Thus in all, in North Yemen, around 18,600 persons received treatment from the ICRC doctors during the course of 54,700 consultations.

On behalf of refugees. — In the framework of its relief action for the victims of events in the Yemen, the International Committee of the Red Cross has had five tons of milk, two tons of cheese and one ton of soap despatched for refugees having come from Radfan and who have taken refuge in South Yemen. These are some thousands in number who lack food as well as medicaments². This relief action has been realized with the agreement of the two parties involved, the Yemen Republic and the Government of the Federation of South Arabia of which Radfan forms a part.

Furthermore, the ICRC has decided to deploy its medical team, already allocated to the Yemen Arab Republic, in areas in which the refugees are to be found.

*

The travels of a medical team. — The mobile medical team of the ICRC, carrying out its activity in central Yemen, recently visited the territory of the Naham tribe, loyal to the Royalist cause. Before its departure the ICRC delegation in Sanaa accordingly officially informed the headquarters of the armed forces and the Ministry of Foreign Affairs of the Arab Republic of the Yemen. The first stage to be reached was Gerbet-et-Talh in the highlands.

Dr. Rainer Siegenthaler and male nurse Josef-Hans Arnold at once set up an infirmary in a large cave. A sheikh, placed at their disposal by the Prince, the head of the tribe, guarded the entrance to prevent patients rushing in a disorderly manner to the morning consultation.

On the second day, the medical team had already saved the life of an Nahmi soldier who had received a bullet in the head. As soon as the wounded man was in a condition to accompany Dr. Siegenthaler, he was taken to Sanaa, capital of the Republic, where he

¹ See *International Review*, June 1965.

² *Plate* : In South Yemen, distribution of relief to refugees by the ICRC delegation.

was admitted to hospital. The projectile was extracted successfully and the doctor was then able to return to the Naham mountain area.

Since then, wounded and sick continued to pour in, often walking for many hours in order to be given treatment.

The afternoons were devoted to visiting homes in the villages neighbouring Gerbet-et-Talh.

The second stage of the medical team's journey was Beni Nass'as, where the doctor and his male nurse arrived with their medical equipment mounted on camels and donkeys lent by the Sheikh. A home was placed at their disposal in the village itself.

The third stage is Marab. In mid-July, the team will return to Sanaa whence, after a short spell of rest, it will leave for the Arhab tribal region, where medical needs are equally urgent.

*

Medical relief. — The Minister of Health of the Yemen Republic has appealed to all diplomatic representatives at Sanaa, begging them to intervene with their respective governments so that medicaments be sent, as a matter of urgency, to the Yemen Republic.

The Swedish Red Cross had already anticipated this appeal, informing the ICRC delegation in Sanaa of a despatch of medical supplies. However, in view of the extent and urgency of the needs this relief will soon be exhausted, as the situation has become extremely difficult.

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Visits to prisoners of war. — In early June, Mr. Marcel Boisard and Mr. Edmond de Palézieux, delegates, visited prisoners of war held by the Naham tribe at Garbet-et-Talh.

Since their last visit, six months previously, they noted a considerable improvement in the conditions of detention. Small houses have been built to accomodate the detainees. Prince Abdallah Ibn Abbas assured the ICRC representatives that a further building would be arranged for them, thus releasing a cave which had become too small for the numbers contained. The delegates then effected an exchange of mail and distributed 137 letters from the

detainees' families. They received the assurance that each prisoner would be authorized to write at least four times a month to his family.

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Exchange of prisoners. — The two ICRC representatives brought a Royalist prisoner, who had been detained in Sanaa, to Gerbet-et-Talh in exchange for an Egyptian who had been wounded and evacuated. The delegates had themselves to decide upon the choice of a Royalist prisoner to make the exchange. They opted for one detainee whose health seemed to them to be precarious. This man was treated by Dr. Siegenthaler, before being handed over to the Prince at Gerbet-et-Talh. He then returned to his own village.

Southern Rhodesia

In the course of his recent tour in Southern Rhodesia, Mr. J. C. Senn, delegate of the International Committee, went on May 17 to the Marandellas prison where there are 171 political and penal law prisoners. He had interviews with several of them without any witnesses.

On May 20, he went to Gatooma prison, where there are at present a total of 157 women, considered to be political prisoners and who are undergoing sentences of from one to two years' reclusion. They had been transferred to Gatooma from the Marandellas centre, which had become too small after the declaration of the state of emergency.

In accordance with the new regulation in force, mothers are allowed to keep their infants with them. They are allocated a daily supplementary ration.

The ICRC delegate, after visiting the buildings, huts and medical installations, then talked without witnesses with several of the detainees. He noted that they receive lessons in hygiene, education and dressmaking.

Mr. Senn then went to Wha Wha camp situated in an agricultural area on the Gwelo-Fort Victoria road. Mr. Georg Hoffmann, general delegate of the ICRC for Africa, had already visited it in

June 1964. The number of persons, known as "restrictees" (persons under assigned residence) reached a total of 71.

At the Gonakudzingwa centre (on the Bulawayo-Lourenço Marques railway), which Mr. Senn also visited, the restrictees who the same time last year numbered 8, exceeded 513 in June of this year.

The position of persons under assigned residence is extremely difficult, since a family rarely has other resources than those of the husband. It thus finds itself deprived from one day to the next of all livelihood and it generally possesses no reserves.

Mr. Senn discussed this problem with the Minister of Justice and he counts on bringing the matter up with the Minister of Social Welfare. He was also able to talk without witnesses with the representatives of these communities about the conditions in their residence.

Finally, we would add that he made contact in Salisbury with representatives of the local Red Cross.

Mission in Africa

Miss A. Pfirter, head of the medical personnel section of the ICRC, has now returned to Geneva after completing a mission lasting four months in West Africa. Her purpose was to study with the National Societies possibilities of organizing a voluntary medical Red Cross service in the countries which she visited. These were, Ghana, Togo, Dahomey, Nigeria, Upper Volta, Ivory Coast, Liberia, Sierra Leone, Senegal, Mali and Guinea.

In six of the countries she visited she was accompanied by Miss Y. Hentsch, Directress of the Nursing Division of the League.

She was everywhere welcomed with great cordiality and was able to visit institutions operating under the red cross emblem: hospitals, day-nurseries, orphanages and mother and child protection centres. She attended first-aid demonstrations and meetings of the Junior Red Cross. In several capitals, she was received not only by Central Committees of National Societies, but also by the official authorities with whom she had many talks relating to the training of medical personnel, which represents one of the most topical problems to be studied by the newly independent African States.

*IN GENEVA***Further participations in the Geneva Conventions**

The International Committee of the Red Cross has received from the Federal Political Department in Berne a communication informing it that the Canadian Government notified the Swiss Federal Council on May 14, 1965 of the ratification by that State of the Geneva Conventions of 1949, such ratification taking effect on November 14, 1965.

Furthermore, the Republic of Mali informed that same Department, by date of May 24, 1965, of its country's accession to the Geneva Conventions; this accession will take effect on November 24, 1965.

Canada and the Republic of Mali are thus the 105th and 106th States formally participating in the humanitarian Conventions of August 12, 1949.

Mark of gratitude

A ceremony took place on June 3, 1965, at which the ICRC expressed its gratitude to Mr. Albert de Cocatrix who has given twenty years service to the institution. Since he was not in Geneva last December, he had not received the customary silver tray presented to other members of the staff with the same length of service.

Mr. Hans Bachmann, Vice-President of the ICRC, paid tribute to the activity, as varied as it is effective, of Mr. de Cocatrix, who is now assistant director of the International Tracing Service at Arolsen, after having been a delegate in numerous countries and having given many proofs of his devotion to the humanitarian cause. Mr. de Cocatrix then expressed his thanks, happy to have been called to serve and to continue to serve as great and noble an ideal as the Red Cross.

HOW A HUMANITARIAN TRUCE WAS BROUGHT ABOUT IN SANTO DOMINGO

The *International Review* mentioned last month that, thanks to the joint initiative of Mr. Pierre Jequier, delegate of the International Committee of the Red Cross, and the Dominican Red Cross, a truce was concluded in Santo Domingo, and was able to be prolonged, thus putting an end to the fighting which had caused so much loss in human lives and material. These efforts on the part of the Red Cross were supported by the United Nations and the Organization of American States.

The first objective of the suspension of arms was to collect the wounded, a certain number of whom had remained without treatment, to supply hospitals and remove the dead. These tasks were carried out by Dominican Red Cross teams. For his part, the ICRC delegate continued his representations with a view to prolonging the humanitarian truce which demonstrates the effectiveness of the principles of the Red Cross in whose name it was demanded. In a letter to the ICRC, Mr. Jequier recalls the events and successive phases of his activity of coming to the aid of the victims of the events at a dramatic moment:

In the afternoon of May 16, 1965, on my arrival at the Dominican Red Cross, its President, Dr. Luis F. Fernandez Martinez, submits a draft appeal to me which he wants to broadcast to the sides opposing each other in Santo Domingo, in order to obtain the cessation of fighting for a few hours.

This truce would enable volunteers of the Dominican Red Cross to go to the North part of the town to collect the wounded and sick and remove the corpses.

I am personally of the opinion that his intervention would have more value if it were based on the Geneva Conventions which lay down the precise methods for an agreement between belligerents for the obtaining of a truce, as well as for the creation of hospital and safety zones. At my request, the President adds to the text which he had drawn up a

paragraph pointing out that his appeal is in fact based on the Geneva Conventions of 1949 and that it is approved of by the ICRC delegate on special mission in Santo Domingo.

On Monday, May 17, the broadcasting station transmits this message which remains unheeded, since fighting continues unabated. At midday I am received personally by General Imbert whom I try to convince of the necessity for a ceasefire. His answer is negative.

In the afternoon of Tuesday, May 18, I go, together with the President of the Dominican Red Cross, to Colonel Caamano's headquarters in the zone controlled by the Constitutional Government. I take this opportunity of reminding the Colonel of the existence of the Geneva Conventions and hand him a summary of the articles in Spanish, stressing those relating to a ceasefire and to the creation of a neutral zone. Colonel Caamano declares that he agrees, in principle, to consider a truce of 12 hours.

The following day, Dr. Mayobre, Special Envoy of the Secretary-General of the United Nations, receives me in company with the President of the Dominican Red Cross, as well as with the WHO representative.

Noting the identity of our views, he suggests that we draw up a document fixing the principles and the methods of a truce. Shortly before this interview we intervene once more with General Imbert. He asks us if we think a two hours' truce would be sufficient. The President of the Dominican Red Cross points out to him that such a period would only enable him to sketch out the proposed action and that 12 hours would be the minimum time-limit. General Imbert agrees with our reasoning.

On Thursday, May 20, after having drawn up, as requested, two separate documents for each of the opposing sides, we return to the headquarters of the government together with two representatives of the United Nations. The truce which we propose is fixed for tomorrow, Friday, from 6 a.m. to 6 p.m. Mr. Mayobre then makes known that the Security Council is awaiting to hear with the keenest interest the decision which will be taken. General Imbert replies that his Government can take no decision without first referring to the military leaders. The President of the Dominican Red Cross then insists on the absolute necessity for this truce to enable his Society to carry out an essential humanitarian work. I, for my part, remind General Imbert that the

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Dominican Republic is signatory to the Geneva Conventions. General Imbert maintains his point of view, namely that the military leaders must be consulted. No answer will be forthcoming until 4 p.m. today.

After leaving General Imbert's office, we then go and visit Colonel Caamano. He, together with his staff, receives us immediately and makes no objections to our proposals. He signs the agreement for a truce, after being assured by the President of the Dominican Red Cross that the document will be destroyed should the adverse party refuse to agree to the conditions.

At 3.45 p.m. we leave Colonel Caamano's headquarters for the rendez-vous arranged by General Imbert. After a short interval, we are taken to an office in which there are all the members of the government, as well as five Generals and Colonels of the Dominican army. General Imbert at once informs us that the military leaders do not consider that there is sufficient time to warn all the army outposts before the following morning by 6 a.m. He proposes postponing the decision by 24 or 48 hours. Mr. Mayobre then draws the government's attention to the unfortunate effect which his hesitation would produce on the Security Council. I personally propose that account should be taken of the military leaders' arguments. Since they find it physically impossible to arrange for a ceasefire by dawn tomorrow, let us postpone the beginning of the truce by a few hours. It is essential that the work of the Red Cross be carried out without incident.

Finally, agreement is given to a cessation for 24 hours instead of the 12 hours suggested, but which will start the next day at noon. The document is signed by General Imbert on behalf of the government of National Reconstruction.

We all know the sequel. The truce has been respected and the Geneva Conventions applied by both sides. The time-limit of 24 hours as laid down has already expired and hostilities have not been renewed.

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NURSES AND THE GENEVA CONVENTIONS

The XIIIth Quadrennial Congress of the International Council of Nurses which was held from June 16 to 24 at Frankfurt-am-Main voted, unanimously and by acclamation, the following text to be included in the "International Code of Nursing Ethics": "It is important that all nurses be aware of the principles of the Red Cross and the privileges as well as the obligations of nurses under the terms of the Geneva Conventions of 1949". Miss Anny Pfirter, head of the medical personnel section, representing the International Committee of the Red Cross, guardian of the Red Cross principles and promoter of the Geneva Conventions, was given an ovation on that occasion by the participants.

The International Council of Nurses' membership is drawn from more than fifty countries. The meeting in Frankfurt was attended by some five thousand nurses, to whose work the *International Review* will have occasion to return.

Belgium

On several occasions the International Review has mentioned the activities of some National Societies for the benefit of hospital patients. In May 1946 it published an article by the British Red Cross concerning the special service which it had set up and which under the title "Picture Library Scheme" is designed to offer patients distraction through art. It acquaints them of works of art, reproductions of pictures by great painters and these pictures are exchanged for others at regular intervals.

Our Review had also mentioned that a number of National Societies had organized hospital libraries¹. These services are now

¹ See *International Review*, August 1961.

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considered by the authorities concerned as an essential part of hospital equipment, for it has been observed that reading helps cure.

The Belgian Red Cross is active in this particular field and we are pleased to pay it a tribute by reproducing an article which appeared in the review Mieux-Vivre (Brussels, winter 1964-65) edited by the Belgian Red Cross.

Hospital libraries

Among the many activities of the Belgian Red Cross there is a service which has existed since 1936 and of which the aim is to provide libraries in the hospitals and sanatoria throughout the country and to promote the idea of libraries for the sick. This service, known as the National Hospital Library Council (CNBH), is simultaneously a library, a book distribution service and a social assistance movement.

The librarian in uniform or regulation overall is known to the patients simply as "Madame Croix-Rouge" or "Madame Bibliothèque".

On the same day of every week the librarian visits the wards and sick rooms with a "consolation trolley" as Georges Duhamel called it, "an ingenious device loaded with honest spiritual balm and remedies", loaded, in other words, with neat attractive well bound books. The patients look eagerly to the person who applies all the resources of psychology in order to satisfy them without coming into conflict with their opinions nor displaying any disapproval of their choice.

Complete cure does not depend solely on medicine and surgery but also on the patient's morale. The patient's thoughts must be diverted from illness to avoid resignation. His or her mind must also be taken off worries for kith and kin. A friendly reception on admission and a sympathetic atmosphere may attenuate grief and even cause it to be forgotten. It is the rôle of the librarian to participate in the creation of this favourable hospitable atmosphere of calm and thus in the cure.

Whenever the librarian is at a bedside, the patient knows that he is not just another "case". She will not talk of temperature,

sickness or treatment. With her, he is his natural self and through her he has contact with life outside. Some doctors have said that the Red Cross workers bring "a breath of fresh air" into the hospital. Their conversation guides the patient's thought into channels unconnected with the worries caused by hospitalization and the anxiety of being ill. This state of mind is maintained through the reading matter left with the patient.

Let us consider how the CNBH operates.

Its work requires a great deal of flexibility in human relations and strict observance of library rules. This flexibility is essential in view of the variety of institutions visited by the CNBH and the different categories of patients of varying intellectual levels that the librarians meet. They must be adaptable to circumstances, admit and understand the spirit prevailing in the various hospitals.

On the other hand, to maintain uniformity within the movement, the same methods are adopted and strictly applied in all the libraries, i.e. classification, catalogues, card-indexes, etc. In the library of the Ostend hospital, in that of the Brussels military hospital, in the institute for the mentally sick at Tournai, in a Verviers sanatorium; the filing of books is always the same, there are the same records of books out on loan, the same catalogue cards, the same binding in specific colours.

These regulations, this methodical and uniform organization, are attributes of the Secretariat, the genuine hub of the movement: "The Centre" for all concerned. Here professional librarians, graduated from specialized schools, guide and stimulate initiative, keep a watchful eye on the uniformity of work throughout the country and on the strict observance of the principles of library operation; important bibliographical documents are assembled together with the two central lending library collections, one for sanatoria, one for hospitals, each of which renews and keeps up-to-date the branch libraries in the different establishments. These central libraries also respond to the demand for books in various languages (Polish, Greek, Italian, Ukrainian, Turkish, Hungarian, etc.) and also satisfy individual requests ranging from such widely varying subjects as canary breeding to Plato.

All books are bound, they are neat and clean. This is a by no means negligible aspect of education, for greater care will be taken of

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a book if it is well presented. This is a task for the binding workshop of the CNBH. In compiling a library for use in a hospital there are a number of factors to be taken into consideration, such as the sex and age of the patients, the average intellectual standard, the knowledge of languages, length of hospitalization . . .

. . . The CNBH has learned from experience what harm can be caused to patients by apparently inoffensive books. For this reason it has set up reading committees.

At the present time when a library is being compiled, books are admitted only when they have been read and appraised by reading committees, which never lose sight of the fact that the books are intended for the sick, that is to say for people whose existence may be centred around their illness, who may be depressed, feverish, and therefore more sensitive and impressionable than would normally be the case.

These reading committees, both French and Flemish, comprise some forty women readers who have distributed or still distribute books and are therefore familiar with the reactions of sick people. Each book is read by two members of these committees who then exchange opinions when in session. Conclusions are noted on a summary-assessment card which gives in a few sentences a description and an opinion of the book, any requisite reservations of a medical character, and the type of readers which the book would particularly suit.

The CNBH has a card-index covering some 17,000 summary-assessments, in French and Flemish, constituting an essential and irreplaceable reference.

The seriously handicapped, the weak and the paralysed have not been forgotten by the CNBH. The Centre makes available for them special appliances such as prismatic spectacles for the bed-ridden which enable the book to be read without strain while it lies on the reader's chest ; page-turning appliances which enable the pages to be turned when the patient's arms are immobilized simply by pressure of the elbow or the chin ; as well as a " bibloscope " which projects microfilmed books onto a screen.

Record-players with records are also made available to patients wishing to study languages.

A few statistics will complete the picture : 1937—first hospital

library at the Saint-Pierre University hospital in Brussels. 1964—84
libraries in operation in :

- 49 general hospitals
- 6 institutions for the aged
- 6 military hospitals
- 8 institutions for the mentally sick
- 15 sanatoria and preventoria
- 103,000 catalogued books in stock
- 470 voluntary workers
- 446,000 loans in 1963.

No technical treatises could explain the need for a library in a hospital—if that hospital is to be considered as operated on humanitarian lines—so well as the sentiment expressed by an old lady who had lost the use of her legs : “ When I have a good novel, I feel as if I were again up and about ”, or as expressed by a patient awaiting another operation : “ Trouble is changed to joy when books are available ”. Another patient, realizing the moral support he was given, has offered to join the ranks of the CNBH or to supply books to increase the library’s stock.

That is why the CNBH was set up, met with success, and continues to develop ; unceasingly endeavouring to assist the patients and the hospitals by accomplishing this work which is truly in keeping with the spirit of the Red Cross.

Sierra Leone

On April 11, 1965, the Joint Commission of the Empress Shôken Fund granted an allocation to the Red Cross of Sierra Leone of 10,000 Swiss francs, to be utilized, in accordance with the wish expressed by that National Society, for the purchase of a Land Rover.

We have pleasure in announcing that the Red Cross of Sierra Leone has now effected purchase of this vehicle, which will be used

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for work in three provincial branches which has until now been seriously hampered by a lack of adequate means of transport.

It should be added that the visit to Freetown of the general delegate of the ICRC for Africa, Mr. G. Hoffmann, coincided with the delivery of this Land Rover, which he accordingly officially presented on behalf of the said Commission ¹. Furthermore, Miss A. Pfirter, head of the medical personnel section of the ICRC, and Miss Y. Hentsch, directress of the League's Nursing Division, who were also passing through that town, were able, thanks to the newly acquired vehicle, to visit one of the provincial branches.

¹ *Plate* : In Freetown. The delegate of the ICRC presenting the gift of the Empress Shôken Fund.

M I S C E L L A N E O U S

LEGAL ASSISTANCE TO REFUGEES, STATELESS PERSONS AND EMIGRANTS

In 1948, the XVIIth International Conference of the Red Cross in Stockholm adopted a resolution (No. XXXI) recommending National Red Cross, Red Crescent and Red Lion and Sun Societies, as well as the ICRC and the League, to "include in their activities, should the necessity arise, legal and social assistance to stateless persons, refugees and war victims". Since that time a number of National Societies have set up legal assistance departments and various activities undertaken by the ICRC and the League in Palestine, Hungary, Egypt and elsewhere have demonstrated the help which refugees have received and continue to receive from the International Red Cross.¹

In the same field, the ICRC has given support to the efforts of several non-governmental organizations and with regard to legal assistance, in particular, it has encouraged and facilitated the establishment in Geneva of the International Centre for Co-ordination of Legal Assistance which has in the meantime become an organ of the International Council of Voluntary Agencies. The latter has just published a monograph on the problem of legal assistance to refugees, stateless persons and migrants² written by Mr. Michael Potulicki, who is Secretary-General of both the ICVA and the International Centre for Co-ordination of Legal Assistance. Although retaining its own by-laws, this Centre works under a joint management and it has in particular participated in the implementation of legal assistance programmes organized by the United Nations High Commissioner for Refugees.

¹ See *Revue internationale*, March 1961, for *L'aide aux réfugiés — le rôle de la Croix-Rouge internationale*. (Refugee assistance — the rôle of the International Red Cross) by H. Coursier.

² *ICVA Documents*, No. 2, 7, avenue de la Paix, Geneva, February 1965, with a foreword by Mr. J. H. de Brauw, President of the International Association of Lawyers.

MISCELLANEOUS

The questions dealt with by the Centre are topical and profoundly humanitarian. We therefore considered that the main passages of its study would be of interest to our readers, the more so as in some countries it is the leaders of the Red Cross who co-ordinate voluntary work on behalf of refugees, stateless persons and emigrants. (Ed.)

THE SCOPE OF THE PROBLEM

The purpose of this paper is to give a limited survey confined to a section of human society which is particularly under-privileged and economically weak, that is to say mainly refugees and stateless persons unable to return to their homelands and who have found refuge in countries of asylum which will become their countries of adoption and where they will endeavour to integrate and lead normal lives. There are in the world today some fifteen million refugees not yet settled, that is, for whom no permanent solution has yet been found. In some under-developed countries where these new arrivals swell the numbers of nationals who are themselves in want, legal problems rarely arise. This no doubt is true for the large majority. On the other hand, in countries where the refugees enter into an organized community in towns or countryside, they immediately come up against almost daily legal problems of all kinds, in their dealings with the central and local authorities, employers and so on: in a nutshell, regulations of all sorts.

Unlike the foreign immigrant whose situation from a number of points of view is privileged by comparison, the refugee cannot seek assistance from the consulate of his country of origin. He must look for assistance to the United Nations High Commissioner for Refugees who, within his terms of reference, will give the refugee legal assistance, replacing, as it were, the consulate in default.

But migrants, for all that, are not in an enviable situation. As Mgr. Georges de Rochcau said at a meeting of the International Council of Voluntary Agencies in Athens¹: "In order to show you

¹ Report on "Intra-European Migrations from June 1961 to June 1964", by G. de Rochcau, President of the Catholic Committee for Intra-European Migrations. This report was presented to a meeting of the ICVA on September 17, 1964, during the XIIth International Conference of Social Work in Athens.

what remains to be done despite the progress noted in adopting policies of a more humane character, I would like to read to you a few extracts from a report I received from a social worker in a country which shall be nameless.

Under the law, foreign workers must be content, until they have obtained a settlement permit, that is for at least ten years, with a 'revocable status of daily workers'. Thus if there is a reduction of employment opportunities, foreign workers not in possession of a settlement permit may be compelled to return home. The majority of foreign workers... have come at their own expense. They are the cheapest labour available, as employers take no responsibilities whatever on their account... The rules about the admittance of families have been eased during the last three years. The qualifying period has been reduced to 3½ years of uninterrupted residence. Married women may accompany their husbands... if they also come to work. Children are allowed to stay 3 months as visitors during the 3½ years residence of their parents abroad. If they stay over three months, they are expelled by the police."

Mgr. de Rochcau goes on to say that "we must not veil our faces and cast stones at the lawmakers who have enacted these rules or the officials who enforce them. We all bear part of the responsibility because we look upon such things with indifference. We must not hesitate to admit that in all countries and in all circles, the migrant worker and his family are treated with indifference, if not with hostility. If you are a *foreign worker* (things are quite different, of course, if you are a foreign tourist), you belong to a class of pariah."

Consequently refugees, stateless persons or migrants will readily turn to the voluntary organization, whether of a religious character or not, if it is prepared to concern itself with their problems. Such organizations are numerous: some have considerable resources, others only modest means, but all are willing to help those in need. Some voluntary organizations are international, some are national. They, better than anyone, are able to keep track of the daily life of the refugee who knows neither the language nor the customs of the country of asylum. The voluntary agencies, then, attend to the social or socio-juridical aspect, as it were, of the problems besetting these uprooted refugees who always arrive bewildered, sometimes bitter, psychologically isolated and with

attitudes which may be misinterpreted by the local population.

It is not infrequent that the psychological state of persons seeking refuge has an influence on their behaviour which might antagonize the authorities and population in the country of asylum. Their new surroundings are strange, they have no connections, they are helpless to contend with the problems confronting them in their new life. Ignorance of the law, among other things, has often been the origin of misunderstandings which have not only led to the rejection of legitimate demands but have even resulted in friction. In short, the refugee finds himself at a disadvantage compared to the local population although he too has duties and rights. Any advice likely to help his first steps to obtain legal assistance — in the widest sense of the term — will enable complications to be avoided. In this respect it has repeatedly been demonstrated, in countries where legal advice is available, that the number of cases of litigation is consistently low when refugees are given the benefit of such assistance.

What I have just said is largely true also for all migrants, with this difference, if they are not refugees or stateless persons; that they may, as mentioned earlier, have recourse to their consulate and sometimes to well established national organizations within the country to which they have migrated.

The work of voluntary agencies for immigrants is concerned particularly with the first stage of their arrival, but as soon as there is a likelihood of dispute or an actual dispute, the rôle of the lawyer becomes important and the agencies should pass the case to him.

The specific situations alluded to above often give rise to legal difficulties. Of course, even if the principle of equality between migrants and nationals is acknowledged, or if agreements on the subject of foreign labour have been reached, it is none the less true that free legal assistance granted by law is inadequate. The refugees' problems are not identical to those of the countries' own nationals. To meet this situation, it is necessary for free assistance on the national and local level to be organized in a manner enabling the aforesaid difficulties to be taken into consideration. Let me give you a few examples. The decision to grant refugee status is of capital importance for the person concerned and has equally important legal consequences. This applies also if the refugee

wishes to obtain a residence permit, the lifting of a prohibition to reside, or a work permit, quite apart from the whole range of formalities to be completed by refugees, such as obtaining an identity card, travel documents, recognition of his occupational qualifications (lost or destroyed diplomas, etc.) or any other essential documents.

Lawyers and legal experts have an important rôle in this respect, hence the need to seek the best means of ensuring co-operation between two groups so completely different in professional training and in functions : the social services of voluntary agencies on the one hand, and members of the legal profession on the other. Having thus reviewed the basic aspects of our problem let us now consider the details.

DIFFERENCE BETWEEN LEGAL PROTECTION AND LEGAL ASSISTANCE FOR REFUGEES

Whilst the aim of legal protection is essentially to promote measures intended to improve the plight of refugees through international agreements¹ and statutory enactments or administrative regulations, legal assistance consists of helping people to exercise their rights and to institute legal proceedings or out-of-court negotiations pursuant to the agreements, statutes and regulations. Protection is a matter for the United Nations High Commissioner for Refugees, in co-operation with the countries concerned. But this is not the case with respect to the legal representation which individual refugees might need to settle their legal problems, which require, rather, the services of a lawyer qualified to practise in the country where the person concerned resides or where the problem arises, or where legal proceedings are to be instituted. When legal aid, in the true sense of the term, is necessary, adequate measures must be taken unless these are laid down by statutory provisions in the country where the refugee takes up residence.

It should be borne in mind that, as we construe it, "legal assistance" includes three main types of service : legal advice,

¹ Cf. Geneva Convention on Refugee Status of July 28, 1951 (Doc. UN. HCR/INF.28, 1955). See also UNHCR Doc. A/AC 96/157 dated 28 February 1962, submitted to the Executive Committee of the HCR's programme.

legal aid with a view to undertaking administrative formalities, and legal representation in Court. To put it briefly, the scope of legal assistance is far wider than that of legal aid *qua* legal aid, a term which is generally used in legal terminology to mean free representation before civil or penal Courts.

The United Nations High Commissioner for Refugees in Geneva is active in this field in a variety of ways depending on the countries involved. In some European countries where there are large groups of refugees, the High Commissioner concludes agreements with voluntary agencies whereby they may employ the services of legal counsellors who not only give advice but are also in touch with the administrative authorities and occasionally negotiate out-of-court settlement of disputes. These consultants are called to the Bar and are thus qualified to represent refugees before the Courts. Such an arrangement was introduced notably in Germany and Austria, but there is yet another method applicable in many countries which is both simpler and more flexible and is operative through a " Legal Aid Fund " which also handles out-of-court settlements. The extent of these services varies of course in accordance with the number of refugees within a country and the frequency of their recourse to legal aid. It depends also on how well established are the country's own services and the means which may be afforded by voluntary agencies on the spot. This Central Fund is most often called upon to act in countries which do not have any national or regional legal aid facilities.

LEGAL AID ADMINISTRATION

There are several ways of financing a legal aid programme. Without in any way depreciating the value of voluntary work by lawyers dedicated to a good cause, it must be realized that there are only three possible sources of funds for the implementation of such a programme. These sources are : donations from private institutions, foundations or individuals ; taxes and public revenue, where the expenses involved are defrayed by central or local authorities ; and contributions made by the beneficiary of the assistance granted. The first means is advocated as being the best as it enables the legal aid programmes to be administered inde-

pendently of the State or other public authorities. The drawback is, however, that the countries whose governments and citizens can claim to have a sufficiently developed economy and sense of social responsibility to ensure the efficiency of such a system are few and far between.

Legal aid to refugees and the administration of the Legal Aid Fund is the concern of voluntary agencies having signed contracts with the High Commissioner, or of the High Commissioner's representatives in countries to which they have been delegated.

What are the criteria for granting assistance to indigent refugees ? According to the detailed regulations issued by the High Commissioner for implementation by his field offices and the voluntary agencies, the granting of legal aid is dependent on the following conditions :

- a) the legal difficulties confronting a refugee shall be connected with his refugee status ;
- b) the case should be deserving of assistance. Generally speaking the assistance should be of a kind likely to bring about a definitive solution (repatriation, resettlement or integration) or should at least prevent the condition of the person concerned from relapsing to the plight of an unstable refugee ;
- c) the applicant should not have sufficient resources of his own to pay for the legal services he needs. Enquiries must therefore be made on this point ;
- d) it should be ascertained that there is no other free legal aid service available to the applicant, or that such services, if existent, are inadequate ;
- e) the refugee should be requested to refund, so far as he is able, any expenses incurred for lawyers' fees, court costs and ancillary charges. This applies not only when a civil tribunal awards costs to the refugee, thus enabling him to recover outlays, and when out-of-court settlement goes in his favour, but also when the administrative or legal proceedings have resulted in his obtaining a financial advantage or the costs' being borne by the opponent.

THE NEED FOR A LEGAL ASSISTANCE PROGRAMME

The conclusions drawn from the enquiries carried out both by the High Commissioner for Refugees and by the International Centre for Co-ordination of Legal Assistance show that refugees are generally entitled to the same legal aid as the nationals of the country in which they reside. Nevertheless, a special legal assistance programme is still necessary for refugees, who often need documents to replace those which have been lost, destroyed, confiscated or simply left behind in the country of origin. How much greater is the need of the refugees whose entry into the "country of first asylum" was clandestine! The solution in such cases very often involves integration or subsequent resettlement. In this respect, the High Commissioner's report, which has already been mentioned, states that refugees are usually resettled in groups composed of individuals selected in accordance with specific criteria after investigation and when they have been granted refugee status and provided with the requisite documents. In addition, the preliminaries to his integration in the resettlement country may be arranged well in advance. Furthermore, except in schemes intended to benefit the so-called "handicapped" refugees, efforts are generally made to include in the groups being resettled those individuals most likely to adapt, leaving out the more doubtful cases. This is why legal assistance is even more essential in the countries of first asylum than in the countries of resettlement, particularly those overseas. As refugees are normally admitted in the latter countries with regular immigrant status, certain legal problems which are frequent in the countries of first asylum, such as those relating to illegal entry, unauthorized residence, the obligation to obtain a work permit, etc., hardly ever arise in the resettlement countries.

There is yet another series of documents of a legal nature made necessary by refugee status : to replace a marriage licence, divorce decree, police records, certificates of good conduct or employment references, documents proving former membership of a social security fund without which it would be impossible to calculate the benefit due. In most cases exiles are unable to apply to their country of origin to obtain such documents and certificates.

All these problems, consequently, have necessitated the introduc-

tion of measures which, albeit somewhat complicated, permit substitute documents to be issued to regularize the personal or family situation of the refugee, to enable him to aspire to employment in keeping with his qualifications, or to enable him to claim social assistance. In addition, in some countries, there arises the question of formalities relating to naturalization.

Thus, the refugee and stateless person has frequently to overcome the difficulties of proving that he has attended university, that he is qualified, that he has regularly exercised a profession or been employed in an occupation. These are examples of the most frequently occurring difficulties which show the need for assistance in a field which does not involve litigation. That is why matters relating to the law of contract and penal law, a major concern for the national legal aid services in the majority of countries, occur less frequently among the questions dealt with by voluntary agencies or the legal aid services of the United Nations High Commissioner for Refugees. In fact, the legal questions besetting refugees are generally outside the scope of the normal legal aid services operating in various countries. In order to solve and settle these problems, which we might term loosely "socio-juridical", the assistance is needed of specially qualified lawyers to whom administrative law and international private law in general are familiar.

LEGAL ASSISTANCE : A COMPLEMENT TO MATERIAL ASSISTANCE AND LEGAL PROTECTION

We have already seen that the aim of legal assistance is to hasten the bringing about of definitive solutions by way of integration or emigration or in some cases voluntary repatriation. It is designed for example to help in the recovery of debts due, thereby reducing the amount of material assistance granted to the refugee (e.g. rent advances, furnishing allowances, etc.). Furthermore, if legal assistance will enable the person concerned to benefit from social security services, the funds dispersed from international sources to ensure lodging in an institution and so forth will be correspondingly less.

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The formalities to justify a claim to entitlement to a social security pension are particularly complicated in some countries where the relevant statutory benefits are most liberal. A report issued by the United Nations High Commissioner mentions in this respect a German law which stipulates that for the purpose of calculating the benefits to which a refugee is entitled the time during which he was in employment in his country of origin may be taken into account, even in the absence of a bilateral agreement on social security which is the normal basis for such a calculation. Nevertheless, the social security services often require a certificate testifying to the refugee's length of employment abroad. However, as it is in most cases impossible to obtain direct proof, the social security at its own discretion sometimes has recourse to legal counsellors with a view to obtaining valid proof or evidence.

Considered in conjunction with material assistance to refugees, legal assistance can be seen as a complement to it, and it even happens that legal assistance increases when material assistance from international sources diminishes. In addition, it is evident that difficulties of a legal nature, which are non-existent or only potential so long as the refugee lives in the isolation of a camp, become a serious obstacle to his integration when he leaves the camp.

When legal assistance is granted at the right moment, it can sometimes protect a refugee and his family after they have been resettled or become integrated, avoiding their falling back into their previous plight as unsettled refugees. This may happen when a refugee is sued for debt ; the case against him may be refuted or declared unfounded by the Court, but if not, it might well reduce to nought the material basis of the refugee's resettlement. The same applies in the case of unjustified evacuation orders, dismissal, etc., unless the refugees can successfully appeal through recourse to legal assistance.

Resettlement often does not depend solely on the possession of the necessary documents. The person's police record should be clean. Many refugees have been accused of misdemeanours and acquitted or only fined small amounts.

In cases involving legal protection — and this is important — legal aid is also necessary in the form of counsel and representation

before administrative authorities. For example, legal assistance is granted to refugees for appeal against expulsion orders, for establishing their status, or for obtaining the annulment or deferment of a prohibition to reside ; otherwise neither integration nor even emigration would be possible. This won't wait. Final decisions by the high courts are useful as precedents to be invoked in subsequent similar cases. They thus often contribute to clarifying questions which are dependent on the interpretation of the 1951 Refugee Convention and of other international legislative instruments safeguarding the interest of refugees and stateless persons.

THE GENEVA CONVENTIONS AND THE UNITED NATIONS

The Annales de droit international médical (No. 11, 1964) includes an article written jointly by a Colonel, Dr. A. Guérisset and two Doctors of Laws, Mr. A. Jacquemin and Mr. G. Kellens. The title is " The Armed Forces of the United Nations and their Humanitarian and Medical Mission ". Consideration is first given to what the United Nations Armed Forces are, what were the reasons for their organization and in what circumstances they have been called upon to act. The authors then explain the need for the attachment of a medical service to these armed forces and, in a chapter of which the main substance is reproduced below, they analyse the problem of the application of the Geneva Conventions by the U.N. forces.

The problem of the relationship between the U.N. and the International Red Cross is of long standing. As early as 1947, the question was raised whether the Red Cross should retain its complete independence from the other international organizations, particularly the U.N. In a resolution of the General Assembly, the United Nations praised the International Red Cross and recommended its member States to support Red Cross activities whilst it was agreed that that organization should remain separate from the U.N. At that time not all member States of the Red Cross were members of the United Nations. To include the Red Cross within the organization of the United Nations could mean a reduc-

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tion in the number of States involved in its activities. For that reason it appeared preferable for the Red Cross to remain independent. However, from that time on, the International Committee of the Red Cross and the League of Red Cross Societies have been considered as the fountainhead of international humanitarian law.

It was in this context that the question arose of instruction to the U.N. forces in the Geneva Conventions and their application of these Conventions.

Already in 1956 the International Committee drew the attention of the United Nations Secretary-General to the necessity of ensuring the application of the Geneva Conventions by the Emergency Forces made available to the U.N.

On November 8, 1961, during the United Nations intervention in the Congo, the President of the International Committee of the Red Cross, Mr. Léopold Boissier, wrote to U. Thant, Secretary-General of the U.N., stating: "The Geneva Conventions of 1949 constitute the most recent and most complete standards according to the human person the essential guarantees for his protection in time of war or disturbances".

The President of the International Committee asked the U.N. to undertake officially and publicly to observe the Geneva Conventions under all circumstances. In his reply, Mr. Thant confirmed that "the United Nations is determined that its armed forces in the field shall apply the principles of the Geneva Conventions as scrupulously as possible". He added that so far as the official and public undertaking to observe the Geneva Conventions under all circumstances was concerned, provision to this effect had been embodied in Article 44 of the regulations issued by the Secretary-General, in conformity with the General Assembly's resolution 1001 (ES-I). That article was worded as follows: "Members of the Force shall respect the principles and the spirit of general international conventions relevant to the behaviour of military personnel".

The root of the problem is the fact that the United Nations as an organization has not acceded to the Geneva Conventions. Consequently, each State is separately responsible for the application of the Conventions when it supplies a contingent of troops to the U.N. It is therefore before leaving their own country that these troops should be instructed in the observance of the Conventions.

In addition, States called upon to provide contingents and which have signed the Geneva Conventions, have undertaken not only to respect these Conventions but also to ensure that they are respected. They have undertaken to suppress any breaches thereof.

These considerations as a whole were already expressed in the memorandum which the President of the International Committee of the Red Cross, Mr. Boissier, sent on November 10, 1961, to governments of States parties to the Geneva Conventions and to members of the United Nations.

During the Centenary Congress of the Red Cross in Geneva in 1963, the Council of Delegates' resolutions on this subject were no more than a repetition of the declaration contained in the 1961 memorandum :

These resolutions were as follows :

The Council of Delegates,

considering that the States which are parties to the Geneva Conventions have undertaken to respect and to ensure the respect of these Conventions ;

considering that it is necessary that the United Nations Emergency Forces shall observe and be protected by these Conventions ;

expresses its appreciation for the efforts already made by the United Nations to that effect and recommends

- (a) that the United Nations be invited to adopt a solemn declaration accepting that the Geneva Conventions equally apply to their Emergency Forces as they apply to the forces of States parties to the said Conventions ;
- (b) that the Governments of countries providing contingents to the United Nations should as a matter of prime importance give them before departure from their country of origin adequate instruction in the Geneva Conventions as well as orders to comply with them ;
- (c) that the Authorities responsible for these contingents should agree to take all necessary measures to prevent and repress any infringements of the said Conventions.

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In response to these resolutions, several governments (USA, German Federal Republic, Austria, Philippines, Denmark, Ireland, Saudi Arabia) asserted their agreement and determination to achieve universal application of the Geneva Conventions. Most of them stated that the study of these Conventions was included in their national military training programmes.

Similarly, the World Medical Association approved and supported the invitation to the United Nations to "adopt a solemn declaration accepting that the Geneva Conventions apply to their Emergency Force".

These reactions are symptomatic of the prevailing uneasiness. It can be noticed that there is nothing new in these resolutions. They are the necessary repetition of principles which have always been advocated by the International Committee of the Red Cross.

This deadlock in attempts to disseminate and apply the Geneva Conventions to the United Nations Emergency Forces seems to suggest the existence of a serious problem.

That is why the instruction of U.N. troops must be reconsidered from a different angle.

The question is included in the general considerations which have been voiced in connection with the necessary improvement of the present status of the Emergency Forces.

We have already mentioned the importance of giving consideration to the setting up of a U.N. Emergency Forces General Staff in order to ensure effective military co-ordination. We have observed that, in the same order of ideas, it was essential to organize a medical service in the framework of the U.N. Forces and to set up a medical HQ.

Once these projects are under way, it will be easier to solve the problem of giving instruction to the U.N. troops in the Geneva Conventions and of applying the Conventions. It will be accepted as normal that the General Staff should ensure instruction in these humanitarian Conventions. It would no longer be the States alone which would assume this task; they would be seconded by the U.N. This line of action seems much more promising than that whereby the U.N. incurs no responsibility and which entails complete dependence on the action of each State individually.

This change in the present organization of the United Nations assumes a general probing of conscience on the part of the delegates at the General Assembly. Inasmuch as it appears evident that the rôle of the Emergency Forces is essentially pacific and humanitarian, to the extent that the Red Cross, Red Crescent and Red Lion and Sun make their wide humanitarian experience and their means of disseminating the principles of the Geneva Conventions available to the United Nations, there should result an even more constructive co-operation between these two great international organizations.

Development of international relations having reached a certain stage, a qualitative advance must now be achieved ; the alternative is stagnation. The time is at hand for the U.N. to make the choice. Either it resigns itself to a position of weakness from which its Emergency Forces' authority and organization must rely on improvisation, so that its ability to solve international conflicts peacefully will be impaired ; or it will set up the structure which is essential to enable it to maintain peace in the world and respect for the humanitarian conventions.

Let us hope that the latter alternative will soon be adopted.

AN INTERNATIONAL YOUTH COMMITTEE

What can young people do and what can one do for the young today ? These problems were studied by the International Consultative Committee on Youth Activities, set up by UNESCO, at its first session which was held in Paris in May 1965. The Committee, which consisted of leading specialists from 23 countries of Europe, Africa, Asia and America, was instituted in order to advise the Organization in the preparation of programmes concerning youth activities and assist it in putting these into effect. In this capacity it will, for example, study problems raised by the intensification of extra-curricula studies and the long-term service of young volunteers. The latter, especially if they possess technical qualifications, are capable of giving a considerable amount of aid to the developing countries, as has already been shown by work carried

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out in this direction by no less than 250 organizations which have sent out some 17,000 young people to various countries.

Amongst other problems which will have the Committee's attention will be the question of regional information and training centres, which it is proposed to create, and that of the co-operation between UNESCO and the different non-governmental organizations concerned with youth.

The members of the Committee have been appointed by the Director-General of UNESCO, all of whom have been made responsible for youth activities, whether they are officials or those in charge of non-governmental organizations.

Representatives of the following countries took part in this first session: Algeria, Bulgaria, Canada, Chile, Cuba, France, German Federal Republic, Ghana, India, Iran, Iraq, Madagascar, Mali, Mexico, Peru, Philippines, Poland, Rumania, Sweden, Tanzania, United Kingdom, United States, USSR.

BOOKS AND REVIEWS

"RESPECT FOR THE INDIVIDUAL" ¹

The Hungarian Red Cross has just produced, in Hungarian, an excellent pamphlet with illustrations on the Geneva Conventions of August 12, 1949.

It deals, under five headings, with a general historical background, the wounded and sick, prisoners of war, civilians and the special responsibilities of the Red Cross as regards the Geneva Conventions. This publication of some twenty pages and which is easy to read, is the ideal material for spreading knowledge of the humanitarian texts amongst the civilian population. Sufficiently detailed to give clear information to everyone about the contents of the Conventions, it avoids the pitfalls of excessive length, and in fact it entirely fulfils the requirements imposed by the Conventions themselves, namely that the High Contracting Parties undertake to disseminate the text of these Conventions "as widely as possible". It is also interesting to see that the Hungarian Red Cross stresses the rôle of the ICRC in drawing up the Conventions and that which is assigned to it in their application.

It is to be hoped that such efforts will be continued, be given encouragement and support by public opinion, but that they will be developed by the authorities, so that gradually the objects aimed at by the promoters and signatories of the Geneva Conventions may be fully achieved.

J. de P.

World shortage of medical manpower. *WHO Chronicle, Geneva, 1965, Vol. 19, No. 2.*

The continuing shortage of physicians and other categories of health workers and the difficulties attending efforts to close the gap are stressed in six recent reports on WHO activities in various parts of the world.

¹ Published by the Hungarian Red Cross, Budapest, 1964, 23 p.

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In the African Region of WHO the efforts of national health administrations to meet the tremendous needs of their countries are hampered by limited financial resources as well as by a dearth of qualified personnel. The annual report on health work in the Region in 1963-64 adds that, while in practice the WHO projects in the Region have a sizeable training component, the efforts so far made are still far from proportionate to the actual needs, and much more must be done if the present handicap of many countries is to be overcome in the foreseeable future. Further, wide gaps still exist in primary and secondary education, seriously affecting the availability and the basic qualifications of prospective candidates for health training.

In the Region of the Americas, most countries lack adequately trained physicians and research workers in sufficient numbers to meet their needs. There are, too, extensive areas which have no permanent health services and to which access is very difficult. In general, preventive and curative services are separated and there is little or no coordination with teaching institutions. In the field of medical care there is no correlation between the activities of the Ministries of Health and those of the social security services, and in many instances institutions and services are unnecessarily duplicated.

If such duplication could be overcome, more people could be cared for with the same resources. This is a pressing need, comments the Regional Director, Dr A. Horwitz :

The existing systems are both a cause and consequence of the training of physicians and of other related professions. Although what it is hoped to obtain from education has been clearly expressed in theory, in practice it is rare for technicians in this field of knowledge to perform their task with an overall view of the problems, a grasp of their social and ecological roots, and a tendency to co-ordinate their activities so as to attain the essential aim—to prevent diseases, halt their spread, and promote health.

In South-East Asia, says the Regional Director, Dr C. Mani, in his report for 1963-64, excellent projects, launched with great zeal and financial sacrifice, founder for lack of personnel. With growing populations and ever increasing sophistication, the demand rises steadily while the supply lags far behind. The very size of the demand prevents adequate remuneration, and this in turn prevents an adequate supply. Theoretically, it would seem possible to prevent such shortages by sound planning, but planning for one sector of public activity impinges on that for others, with the result that various sectors compete with each other and all remain understaffed.

The continually increasing need for qualified doctors has been met by a wide expansion of medical schools—but without adequate teaching staffs. There were 66 medical colleges in India in 1962, 73 in 1963, and 80 in 1964, two years ahead of the date envisaged in the country's

Third Five-Year Plan (1961-66). The Central Council of Health, meeting in November 1963, recommended that during the remaining period of the Five-Year Plan emphasis should be laid by State Governments on consolidating and strengthening the colleges already in being rather than on opening new ones. It also, however, contemplated the opening of more than 20 additional medical colleges during the Fourth Five-Year Plan (1966-71) in order to achieve the target of one doctor for every 3500 inhabitants.

It is urgent and imperative, says Dr Mani's report, that the tendency towards deterioration in the quality of teaching should be checked. In addition it is urgently necessary that present teaching methods, as well as the content of courses, should be re-evaluated so as to bring them into line with advances in the developed countries. Many of the teaching methods have stood still for the last thirty years.

Some help can be given to alleviate the situation by fellowships for postgraduate training, but it is not possible to send a great many fellows abroad for further study when the strength of the existing teaching cadres is already so low. It is also very difficult to get teachers from advanced countries to come to South-East Asia for reasonably long periods—for example, two to three years—to strengthen local institutions. First, there are not enough such teachers available, and second, those who do accept such posts may lose their places on the ladder of promotion in their home countries.

One might expect a totally different picture in the European Region of WHO, yet it is the similarities to South-East Asia which compel attention. Reviewing the five years since an education and training unit was established in the Regional Office, the Director, Dr P. van de Calseyde, points out that a notable feature of the Region is the wide diversity of training facilities that it offers. Yet there continues to be a shortage of doctors and health personnel in most countries of the Region and several countries have expressed alarm at the situation. In spite of Europe's extensive medical education facilities, new approaches often meet with great obstacles and, perhaps because of its long-standing traditions in medical teaching, the changes needed to meet modern developments sometimes come rather slowly.

Nearly all medical schools in Europe are overcrowded, so that new schools need to be established or old ones enlarged. In many countries there are inadequate laboratory resources and too few lecture theatres and seminar rooms. There are often too few full-time teachers and the curriculum is usually overloaded owing to the inclusion of many new subjects and to the accumulation of new knowledge in such sciences as biochemistry. On the other hand, the teaching of social and preventive medicine is seldom adequate.

Because of the shortage of teachers in some European countries the students have to rely unduly on books, but library facilities are often

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not developed owing to the lack of trained librarians. As far as post-graduate education is concerned, a number of countries have well-planned facilities, but in the majority there is no overall plan.

Looking back over the fifteen years since the Regional Office for the Eastern Mediterranean came into being, Dr A. H. Taba, the Regional Director, points out that in the 1964 budget for the Region three times as much was set aside for the training of medical and paramedical personnel as in the 1961 budget. Out of a total of 580 projects sponsored by the Regional Office, 220 have had education and training as their chief objective. In the Region the number of medical schools has risen from 12 in 1949 to 33 in 1964, and in the past five years medical manpower has been increased by 50 %-100 %.

However, despite a greater effort to remedy the acute shortage of doctors, the challenge is far from being met and medical manpower is still critically insufficient over wide areas. The population/doctor ratio ranges from 1000 to 10 000 inhabitants per physician in countries which contain two-thirds of the Region's population, and it rises to well above 50 000 people per doctor in others.

Dr I. C. Fang, Director of the WHO Regional Office for the Western Pacific, states that the shortage of trained and qualified staff to organize, administer, and man national health services continues to be one of the main problems facing health administrators and has in many instances impeded the further progress of health programmes in the Region. It is ascribed mainly to the lack of primary and secondary school graduates from whom to recruit trainees, of health training facilities, and of teaching staff.

There are 79 medical schools in the Region graduating fully qualified doctors, and four schools producing assistant medical officers. Recruitment of faculty staff is difficult, especially for the basic sciences, and in some countries of the Region the lack of local postgraduate training facilities forces graduates to seek training abroad. The physician/population ratio varies markedly between countries—there is one doctor for 900 people in Australia and Japan, for instance, but in Cambodia only one for 40 000. Doctors, too, are unevenly distributed within countries, where they are concentrated in the urban areas.

World Health.—*World Health Organization, Geneva, March 1965.*

International co-operation in health began in the last century under pressure from dread diseases that were causing suffering and death all over the world. It is fitting, therefore, that in International Co-operation Year, 1965, World Health Day should be devoted to one of those diseases—smallpox.

On this day, I wish to pay tribute to health officers the world over whose constant vigilance limits the spread of smallpox nationally and internationally, and to the health teams who, in all parts of the world, often working in the most difficult conditions, are building up protection against the disease through mass vaccination.

Over 160 years ago, vaccination was first shown to prevent the disease ; but we have failed to make full use of this weapon. It is outrageous that in one year there should still be over 100,000 cases of smallpox and 25,000 deaths from this disease. It is equally outrageous that the world as a whole should still be constantly threatened by it.

The World Health Organization in 1958 began a campaign for the eradication of smallpox from the world and I am confident that eradication can and will be achieved. Yet victory will not be attained without generous assistance from the countries free of smallpox, nor without much hard work in the countries where smallpox is still endemic.

The complete eradication of smallpox would not only rid the world of a disease which at present is a constant menace but would also provide an example of what true international co-operation can achieve in a well-defined and limited sphere. In the meantime, however, a constant alert against smallpox will have to be maintained throughout the world.—*Dr M. G. Candau, Director-General of the World Health Organization.*

EXTRACT FROM THE STATUTES OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.¹

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be " *Inter arma caritas* ".

ART. 4. — The special rôle of the ICRC shall be :

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely : impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;

¹The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term " National Red Cross Societies " includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife ; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties ;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension ;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

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- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, *Ruga Barrikadavet, Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 1037, *Usumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Ruelle Preak Bat Trasak Paern, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharma-pala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22, Kammien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 11-10, *Bogota*.
- CONGO — Red Cross of the Congo, 24, Avenue Valcke, P.O. Box 1712, *Leopoldville*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293 *San Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8^e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.^a Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggøtu 4 *Reykjavik*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 25 Westland Row, *Dublin*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Dong, *Seoul*.

ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, Camp Johnson Road, P.O. Box 226, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYA — Red Cross Society of the Federation of Malaya, Jalan Belfield 519, *Kuala Lumpur*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4o piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, 27, Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Nordeste, 305, *Managua, D.N.C.A.*
- NIGERIA — Nigerian Red Cross Society, 2 Makoko Road, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Tarapaca 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian People's Republic, Strada Biserica Amzei 29, C.P. 729, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, 14 Hollard Street, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Koznetsky Most 18/7, *Moscow k.31*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triết, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, đường Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.